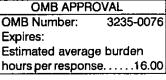
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



42214



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | | | |
|--------------|-----------|--------|--|--|--|--|--|--|
| Prefix | | Serial | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DA | TE RECEIV | ED | | | | | | |
| | | l | | | | | | |
| | | | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | \wedge |
|--|---|
| Limited liability company membership units | |
| Filing Under (Check box(es) that apply): | 6) ULOE |
| Type of Filing: New Filing Amendment | OEOEIVED TO |
| A. BASIC IDENTIFICATION DATA | 1 250 |
| 1. Enter the information requested about the issuer | DEC 1 / 2007 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Rain Globes LLC | 186 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 2128 Waverly Way E., Suite 200, Seattle, WA 98112 Attn: Scott Larson | (206) 325-9987 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code | Telephone Number (Including Area Code) |
| (if different from Executive Offices) PROCESSED | |
| Brief Description of Business | > |
| Product development and marketing DEC 2 8 2007 | > |
| Type of Business Organization THOMSON | |
| corporation limited partnership, alread through other | (please specify): limited liability company |
| U dustness trust U illimited partnership, to be formed | |
| Month Year | timatad |
| Actual or Estimated Date of Incorporation or Organization: 0 2 0 7 Actual Estudion of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St | timated |
| CN for Canada; FN for other foreign jurisdiction) | wa |
| of to canala, it for other foreign yarrange, | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | A. DASIC IDE | VIIFICATION DATA | | |
|---|---------------------|---------------------------------|------------------------------|----------------------|---|
| 2. Enter the information requeste | d for the following | g: | | | |
| Each promoter of the issu | | | | | |
| Each beneficial owner have | ving the power to v | ote or dispose, or dire | ct the vote or disposition o | of, 10% or more of a | class of equity securities of the issue |
| Each executive officer an | d director of corpo | orate issuers and of c | orporate general and mana | aging partners of pa | urtnership issuers; and |
| Each general and managing | ng partner of partn | ership issuers. | | | |
| Check Box(es) that Apply: | Promoter 📝 | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | ridual) | | <u>-</u> | <u></u> | |
| Business or Residence Address (N 2128 Waverly Way E., Suite 20 | | | le) | · | derive = "a |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv Larson, Scott | ridual) | | | , i. | |
| Business or Residence Address (N 2128 Waverly Way E., Suite 20 | | , City, State, Zip Coc 98112 | le) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv James, Joshua | ridual) | | | | |
| Business or Residence Address (N 2128 Waverly Way E., Suite 20 | | | le) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual) | | | | |
| Business or Residence Address (1 | Number and Street | , City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual) | | | | |
| Business or Residence Address (1 | Number and Street | , City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual) | | | | |
| Business or Residence Address (1 | Number and Street | t, City, State, Zip Coo | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual) | | · | | |
| Business or Residence Address (| Number and Street | t, City, State, Zip Co. | de) | | |
| | (Use blank she | eet, or copy and use a | additional copies of this s | heet, as necessary) | |

| Г | | | | | B. IN | NFORMATI | ON ABOU | T OFFERI | NG | | | | |
|-----------|--|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|---------------------------------------|---|----------------------|---------------------------------------|----------------|----------------|
| 1. | Has the | issuer sold | l, or does th | | | l, to non-ac | | | | | | Yes 🔀 | No |
| 2. | What is | the minim | um investm | | | | | | | | | \$_7,5 | 00.00 |
| | | | | | | | | | | | | Yes | No |
| 3. | | | permit joint | | | | | | | | | K | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Ful N/ | ull Name (Last name first, if individual) | | | | | | | | | | | | |
| | | Residence | Address (N | umber and | l Street, Ci | ty, State, Z | ip Code) | · | | <u></u> | | | |
| <u></u> | | | oker or Dea | | . | | | | | <u></u> | | <u> </u> | |
| Na | me of As | sociated Br | oker or Dea | aier | | | | | | | | | |
| Sta | | | Listed Has | | | | | | | _ | | _ | |
| | (Check | "All States | s" or check | individual | States) | | | *************** | *************************************** | | | ☐ Aì | States |
| | IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Fu | ll Name (| Last name | first, if indi | ividual) | | | | | | | | | |
| Bu | siness or | Residence | Address (? | Number an | d Street, C | City, State, 2 | Zip Code) | - · | | | | | - |
| Na | me of As | sociated Bi | roker or De | aler | | | | | • | | | | |
| Sta | ates in W | hich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | s" or check | individual | States) | | | | ************** | ****************** | | ☐ Al | l States |
| | IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Fu | ll Name (| Last name | first, if ind | ividual) | | | | • | | | | | |
| Bu | isiness o | r Residence | Address (1 | Number an | nd Street, C | City, State, | Zip Code) | | •. | _ | | | |
| Na | me of As | sociated B | roker or De | aler | | | | | | | | | <u> </u> |
| Sta | ates in W | hich Person | ı Listed Ha | s Solicited | or Intend | to Solicit | Purchasers | | | | · · · · · · · · · · · · · · · · · · · | | |
| | (Check | "All State | s" or check | individua | l States) | | | · · · · · · · · · · · · · · · · · · · | ••••• | | | | 1 States |
| | AL IL MT | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and | | |
|----|---|---------------------|--|
| | already exchanged. | Aggregate | Amount Already |
| | Type of Security | Offering Price | |
| | Debt | \$ | \$ |
| | Equity | \$ | _ s |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | | \$ |
| | Other (Specify LLC Membership Units) | | \$ 0.00 |
| | Total | 37,500.00 | s 0.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | : | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 0 | \$_0.00 |
| | Non-accredited Investors | | \$ 0.00 |
| | Total (for filings under Rule 504 only) | · | § 0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | • | |
| | Regulation A | | |
| | Rule 504 | | \$ 0.00 |
| | | | \$ 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate. | e ·. | |
| | Transfer Agent's Fees | | <u> </u> |
| | Printing and Engraving Costs | ••••• | |
| | Legal Fees | | 2 \$ 1,500.00 |
| | Accounting Fees | | |
| | Engineering Fees | | s |
| | Sales Commissions (specify finders' fees separately) | | |
| | Other Expenses (identify) Miscellaneous Offering Costs | | 5 500.00 |
| | Total | | \$ 2,000.00 |

| | C. OFFERING PRICE, NUMB | ER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|-----|--|---|--|---|
| | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer." | Question 4.a. This difference is the "adjusted gross | | \$ |
| i. | Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | [| | . 🗆 \$ |
| | Purchase of real estate | | | s |
| | Purchase, rental or leasing and installation of mac | hinery [| | s |
| | Construction or leasing of plant buildings and faci | | | |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger) | ts or securities of another | r¹s | □s |
| | Repayment of indebtedness | | | _ |
| | Working capital | | | 35,500.00 |
| | Other (specify): | | | |
| | | | \$ | _ □\$ |
| | Column Totals | | | |
| | Total Payments Listed (column totals added) | | Ø s_3 | 5,500.00 |
| - | | D. FEDERAL SIGNATURE | | |
| się | e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | nish to the U.S. Securities and Exchange Commis | ssion, upon writt | ule 505, the following on request of its staff |
| Īss | suer (Print or Type) | | Date | |
| R | ain Globes LLC | L. Sett Towar | 11/6/07 | |
| N | ume of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| 3c | ott Larson | Registered Agent and Member | | |
| | | | | |

ATTENTION –

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|----|--|-----|----------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No K |

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Rain Globes LLC | Signature L. Sall Lauran | Date 11/6/07 |
|--|-----------------------------|-----------------|
| Name (Print or Type) | Title (Print or Type) | |
| Scott Larson | Registered Agent and Member | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | APPENDIX | | | | | | | | | | |
|-------|--------------------------------|--|--|--------------------------------------|-----------|---|--------|--|----|--|--|
| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 Finvestor and rchased in State C-Item 2) | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
| AK | | | | | | | | | | | |
| AZ | | | | | | | | | | | |
| AR | | | | | | | | | | | |
| CA | × | | LLC Interests, \$37,500 | | | | | | x | | |
| СО | | × | | | | | | | | | |
| СТ | | | | | | | - | | | | |
| DE | | | | | | | | | | | |
| DC | İ | | | | | | | | | | |
| FL | | × | | | | | | | × | | |
| GA | | | | | | | | | | | |
| НІ | | | | | | | | | | | |
| ID | | | | | | | | | | | |
| ΠL | | | | | | | | | | | |
| IN | | | | | | | | | | | |
| IA | | | | | | | | | | | |
| KS | | | | | | | | | | | |
| KY | | | | | | | | | | | |
| LA | | | | | | | | | | | |
| ME | | | | | | | | | | | |
| MD | | | | | | | | | | | |
| MA | | | | | | | | | | | |
| MI | | | | | | | | | | | |
| MN | | | | | | | | | | | |
| MS | | | | | | | | | | | |

APPENDIX 2 3 1 Disqualification Type of security under State ULOE (if yes, attach and aggregate Intend to sell Type of investor and explanation of to non-accredited offering price waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Amount **Investors Amount** Yes No **Investors** Yes No State MO MT NE NV NH NJ NM NY NC ND OH OK X OR PA RI SC SD TN LLC Interests, \$37,500 TXX UT VT VA LLC Interests, \$0.00 0 \$0.00 × WA X \$37,500 wv WI

| | | | | APPI | ENDIX | | | | |
|-------|----------|--|--|--|--------|--|--------|-----|-----------------------------------|
| 1 | | 2 | 3 | | · · · | 5 Disqualificatio | | | |
| | to non-a | l to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and e amount purchased in State | | amount purchased in State | | | ate ULOE attach atton of granted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | | | | | | | |

END